

A COMPARATIVE STUDY ON THE MARITAL SATISFACTION AMONG FERTILE AND INFERTILE COUPLES

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ABSTRACT

Most people will have the strong desire to conceive for a child at some point during their lifetime. Most couples (approximately 85%) will achieve pregnancy within one year of trying, with the greatest likelihood of conception occurring during the earlier months. Only an additional 7% couples will conceive in the second year. As a result, infertility has come to be defined as the inability to conceive within 12 months. The present study was conducted to determine the marital satisfaction among fertile and infertile couples. In this comparative study, 240 participants (60 infertile couples and 60 fertile couples) were evaluated using Enrich Marital Satisfaction Scale. Data were analysed using mean, standard deviation and t-test. Results revealed that significant difference was observed between the marital satisfaction among fertile and infertile couples.

KEYWORDS: Marital Satisfaction, Infertility, Fertility & Couples

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INTRODUCTION

One of the main reasons for the marriage of a man and a woman is waiting for the birth of a child in their shared life (Pazandeh F, Sharghi S, Karami-Nouri R, Alavi H, 2005). Now-a-days, many factors such as social, cultural and economic have effects on the lives and resulting pregnancy and child birth have been costly and problematic in recent years, but pregnancy and child birth is still a major event in the lives of many people. Infertility is affecting more and more couples due to lifestyle related causes.

In India, numerous life style factors lead to the problem of infertility such as delayed marriages, late working hours of females, lack of meditation, medication, consumption of alcohol, smoking, obesity or underweight, pollution, toxins, delayed child birth, pursue of higher education etc. All these factors directly or indirectly affect the conception process.

Infertility is a problem and one of the bitterest experiences of life. Despite the progress in regeneration and auxiliary equipment and techniques which help infertile couples to manage and reduce fertility problems, almost 80 million people in the world are experiencing infertility in their lives (Akhondy M, Sadeghy M, 2003). Studies show that fertility rate has increased by 50% since the early reports (Katiraei S, Haghighat M, Bazmi N, Ramezanzadeh F, Bahrami H., 2010). According to (2013) World Bank estimate, the drop in fertility started about 10 years ago in India, with a steady 10 percent decline from the year 2000, as Doctors told Times of India.

Marital satisfaction is an important factor affecting family health and it is one of the indicators of life satisfaction (SalehyFadardy J. 1999), which can influence other aspects such as life satisfaction, job satisfaction, satisfaction with income, success and mental health and on the other hand, marital dissatisfaction can impair social relationships, decline cultural values and increase social divisions between the couples (2009). Infertility has been defined as the inability to conceive after one year of regular sexual intercourse without using a contraceptive method (Marci R, Graziano A, Piva I, Lo Monte G, Soave I, Giugliano E., 2012).

One of the greatest stresses resulting from infertility crisis is the strain that is placed on the marriage. Because many couples view having a child as a primary life goal, the inability to have a child may shake the very foundation of their relationship. It brings about many changes in their relationship. It may bind them together in unspoken sadness and hope and allow mutual support and understanding which leads to a sharing never before experienced or it may bring out feeling of resentment, of guilt and of despair.

Infertility is not a life threatening condition but it is a life crisis with invisible losses and its consequences are manifold. While considering the different factors that influence marital satisfaction, a number of differences have been found between couples view on the quality of their relationships. Marital satisfaction among fertile and infertile couples is a rising issue in India and has not yet received much attention. The study aimed to compare marital satisfaction among fertile and infertile couples, and to explore the factors that may be related to marital satisfaction among the infertile and fertile couples.

METHODOLOGY

Sample and its Selection

The total sample for present study consisted of 120 couples (60 Fertile and 60 infertile couples). For the selection of fertile couples for present study, researcher had selected the respondents by random sampling method within the municipal limit of Udaipur city. The investigator explained the purpose of the study and couples who gave the consent were initially given the Preliminary Survey Performa to analyse their characteristics as per the eligibility criteria for the study. The respondents filled the Performa furnishing information related to their own self and their spouses regarding sample selection criteria i. e. name, age, education, number of children, duration of marriage, marital status. The duly filled in Performa so obtained were scrutinized and eligible subjects fulfilling the delimitation of the study were identified.

For the purpose of infertile sample selection, although, the investigator initially contacted the administrator of government hospital but due to the ethics of maintaining confidentiality the request of divulging the identities of infertile couple was rejected. The investigator then contacted the gynaecologists and infertility clinics and collected the eligibility details of prospective sample. The investigator explained the purpose of the study by submitting the research proposal, consequently, the gynaecologist and infertility specialists agreed to assist in facilitating the data collection for the present research. Couples who gave the consent were initially given the Background Information Performa to analyse their characteristics as per the eligibility criteria for the study. The respondents filled the Performa furnishing information related to their own self and their spouses regarding sample selection criteria i. e. name, age, education, marital status, duration of infertility.

Tools and its Description

Preliminary and Background Information Performa

The preliminary Performa constituted of all the delimitations of the study so that the sample could be identified as per the selection criteria. Background information Performa sought details regarding self, spouse and type of family, occupation of the samples, etc.

Enrich Marital Satisfaction Scale

In this comparative study, to measure marital satisfaction in fertile and infertile couples, Enrich Marital Satisfaction Scale was used. In this study, 60 infertile couples aged 25-40 years old were randomly selected and studied. To compare their marital satisfaction with fertile women, 60 such married fertile couples aged 25-40 years old who had at least one child till five years of age were randomly selected.

The Enrich Marital Satisfaction Scale is a multidimensional Scale that includes 12 category scales. These scales were developed through a series of extensive theoretical and empirical analyses. The 12-category scale of the Enrich Scale are Idealistic Distortion, Marital Satisfaction, Personality Issues, Communication, Conflict Resolution, Financial Management, Leisure Activities, Sexual Relationship, Children and Parenting, Family and Friends, Equalitarian Roles, and Religious Orientation. The EMS Scale is a 15-item scale comprising the Idealistic Distortion (5 items) and Marital Satisfaction scales (10 items). Each of the 10 Marital Satisfaction items represents one of the areas of the marital relationship assessed by the full-length Enrich Inventory (e. g. communication or sexual relationship). There is a five-point scale for each item ranging from strongly disagree to strongly agree. A total score of 9-20 is considered as low, 21-30 is moderate and 31-45 is considered as high. This scale includes both positive and negative statements. The reliability of this scale is 86. Higher scores indicate high marital satisfaction and lower scores indicate poor marital satisfaction.

Procedure of Data Collection

Tools were administered on fertile and infertile couples. They were asked to complete the measures individually without discussion between them of their answers and not to leave any statement unanswered.

Analysis of Data

The collected data were entered into SPSS software and analysed using Mean, Standard Deviation and t-test.

RESULTS & DISCUSSIONS

Table 1: Mean and Standard Deviation of Fertile & Infertile Couples for their Level of Marital Satisfaction

Group	N	Mean	Standard Deviation	t-Value
Fertile Couples	60	34.945	5.491	14.897*
Infertile Couples	60	19.368	9.826	

* Significant at 0.01 level of significance level

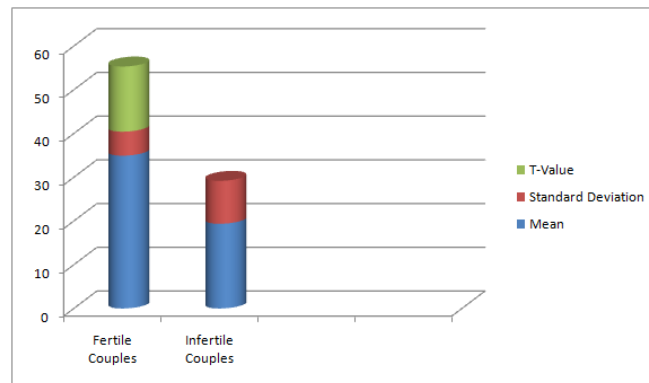


Figure 1: Mean and Standard Deviation of Fertile & Infertile Couples for their Level of Marital Satisfaction

It is evident from the table 1 and figure 1 that marital satisfaction is significantly high infertile couples as compare to infertile couples who have reported lower marital satisfaction. Mean and standard deviation of fertile couples are 34.94 and 5.49 whereas mean and standard deviation of infertile couples are 19.36 and 9.82 respectively.

One good reason for marital satisfaction among fertile couples is that they were blessed with children. People want children because it is almost like a biological need, as they want to see a part of themselves in their child. Some want to spend the wealth that they have acquired, on someone and a biological offspring is the best person to spend it on. Having a child for some couples affirms their love for each other as a child is seen as a binding factor. Children are valued in our society because they continue the patrilineal family line and help them establish a relationship with elders in the family. The blood bond between mother and child overtakes any other relationship even the one shared with one's spouse. A child is also looked upon as someone who helps housewife spend her time with, since the child occupies her and gives her status in society and she also has something to talk about with other women. Children give the women a status within the patriarchal family, define her identity, give her psychological and emotional security and strengthen kinship bonds (Widge, 2005). So, the fertile couples were satisfied with their married life when compared with infertile couples.

Another factors which contributes for high marital satisfaction among fertile couples can be that the individual's marital relation was related to other characteristics such as high socio-economic status, personality, mental health, good communication, understanding between each other, decision making, time they spend together, sexual relations as well as relationship with other family members and friends, religious beliefs.

In case of infertility, couples understanding for each other, time they spend together, physical and mental health, decision making and their social relations are negatively affected which has a direct impact on their marital satisfaction. Tao (2011) in his studies found that more the couple agrees in accepting tough life conditions and their perception of infertility, the higher their marital satisfaction will be. It was found that in addition to sexual function, the quality of sexual relationships can affect the satisfaction of couples, because most of the time, infertile couples do not have problems with sexual function, but due to mental stress and conflict on childbearing, their sexual relationship is impaired which contributes to marital dissatisfaction. However, some studies have reported that infertility can induce such sexual dysfunctions as decreased libido, arousal, and orgasm dysfunction in women and premature ejaculation and erectile dysfunction in men. These cases will bring a lot of problems in marital satisfaction (Harvey, 2008; Seif et al., 2001; Valsangkar et al., 2011).

India is a patriarchal society and producing a child, a son brings a lot of happiness in the family and the preference for a son continues to be a prevalent norm in the traditional Indian household (Garg. S. and Nath. A., 2008). The preference for a son is evident in about one million female foeticides in India annually with far ranging and tragic consequences which has resulted in some areas declining the sex ratio of females to males to less than 8000:1000 (Ahmad N, 2010). As reported in the study, one of the main justifications for this brutality is that while sons offer security to their families in old age and can perform the rites for the souls of deceased parents and ancestors, daughters are perceived as a social and economic burden.

Children provide emotional satisfaction, make life interesting and provide a son for living. In such a case if a couple is diagnosed with infertility, they feel helpless and loss of control over their body or their life plan.

Social and psychological issues of couples involved in infertility treatment require education and support to cope with anxiety and depression because treatment procedures are stressful, time consuming and expensive. Infertility leads to financial stress and this is especially acute for poor patients. Many patients drop out of treatment because they cannot afford it. This experience can stress a couple's personal relationship, diminish sexual satisfaction, deplete financial resources and threaten perception of masculinity and femininity and cause psychological stress among couples.

A poor woman has children for economic reasons, the more children, she has, the more earnings there are for the family as a whole. So children are precious resources for her. In some cases women are threatened with another marriage for the husband or divorce and also women fear abandonment and loss of social and economic security. In such context women become the victims of violence, abuse and social exclusion. The experience of infertility is unanticipated and the poor women with little or no education, the failure to have any children would certainly lead to divorce or a remarriage on the part of the husband (Ahmed, 1991). These factors put strain on marital satisfaction of couples.

Marital satisfaction of the infertile couples in India is also affected by the type of family to which they belong. In the present study most of the respondents belonged to joint family. The joint family is the centre of Indian society, where in-laws play an important part in a marriage, especially from the husband's side. If a wife is responsible for the infertility, she could be extremely apprehensive of the responses from people in the husband's family, especially when her husband is the oldest or the only son. If the husband were responsible, his family would not mention it to avoid embarrassing their son. Consequently, the husbands' parents, especially the mother, would not aggressively demand that the daughter-in-law takes infertility treatments, knowing that the childlessness is not her responsibility. Instead, they would appreciate it if the daughter-in-law were willing to receive intensive and complex treatments to continue their family line. In comparison, members of the wife's family rarely make problems for infertile husbands, although they feel sorry for their daughter's suffering from infertility tests and treatments.

Such pressure from family members affects the level of marital satisfaction of infertile couples directly or indirectly. The issue of infertility, especially in our culture in which the families are more expanded and with regard to the role of parent and the relatives has deeper dimension.

Because, immediately after marriage, families of wife and husband wait to hear pregnancy of the woman and with delayed pregnancy, curiosity and the pressure of the relatives cause them worry. Certainly, this stress will have a negative effect on marital quality of the couples and satisfaction of the women with themselves and their common life.

In some cases, husbands change their attitude from positive to negative and became so frustrated that they start blaming each other for childlessness. This may include shortage of time spent with each other, lack of intimacy, not to spent recreational hours with each other and also not felt comfortable when sat along with all the family members together. All these factors put strain on the marital relationship between otherwise well-adjusted couples.

Marital satisfaction is a dynamic concept, as the nature and quality of relationships can change drastically when infertility is involved. This raises the possibility of identifying factors that could make a difference to the quality of relationship, although such connections are likely to be complex, involving the interactions of many variables among which gender and infertility plays a major role. On the basis of the present research findings, difference between marital satisfaction of the infertile spouses and fertile spouses is significant. The study showed that infertile couples have the low marital satisfaction as compared to fertile couples. These findings are consistent across various other research designs reviewed and reported in this section.

CONCLUSIONS

From the results it can be concluded that marital satisfaction of infertile couples was low as compared to fertile couples and childlessness had great effect on the marital satisfaction of the respondents at different levels i. e. positive and negative. In short, we can conclude that marital satisfaction of the childless couples was definitely affected due to infertility.

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